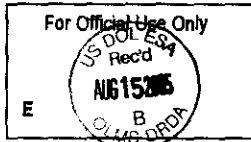


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6194</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Gerald</u> <u>A</u> <u>Smith</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 733</u> Street <u>1219 1st Ave. South</u> City <u>Escanaba</u> State <u>Michigan</u> ZIP Code + 4 <u>49829-0733</u>	4. Name, file number, and address of labor organization. Name <u>I.B.E.W. Local Union 979</u> Labor Organization File Number <u>047-842</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 733</u> Street <u>1219 1st Ave. South</u> City <u>Escanaba</u> State <u>Michigan</u> ZIP Code + 4 <u>49829-0733</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Gerald A. Smith On 8/9/2005 906-786-1773
Date Telephone Number

Name of Person Filing Gerald Smith

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Michigan Upper Peninsula IBEW Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 119 South Front Street

City Marquette

State Michigan ZIP Code + 4 49855

14.a. Nature of payment.

Pension Plan reimbursement for meeting expenses on 11/30/2004 and lost wages/fringe benefits

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$249

Name of Person Filing Gerald Smith

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Michigan Upper Peninsula IBEW Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 119 South Front Street

City Marquette

State Michigan ZIP Code + 4 49855

14.a. Nature of payment.

Pension Plan reimbursement for meeting expenses and lost wages/fringe benefits 2-23-2004

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$703

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Michigan Upper Peninsula IBEW Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 119 South Front Street

City Marquette

State Michigan ZIP Code + 4 49855

14.a. Nature of payment.

Pension Plan reimbursement for meeting expenses and lost wages/fringe benefits 2-24-2004

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$249

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Michigan Upper Peninsula IBEW Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 119 South Front Street

City Marquette

State Michigan ZIP Code + 4 49855

14.a. Nature of payment.

Pension Plan reimbursement for meeting expenses and lost wages/fringe benefits 4-13-2004

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$249

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Michigan Upper Peninsula IBEW Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 119 South Front Street

City Marquette

State Michigan ZIP Code + 4 49855

14.a. Nature of payment.

Pension Plan reimbursement for meeting expenses and lost wages/fringe benefits 8-24-2004

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$249

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Michigan Electrical Employees' Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6011 W. St. Joseph Suite 401

City Lansing

State Michigan ZIP Code + 4 48917

14.a. Nature of payment.

Health Plan reimbursement for meeting expenses such as Mileage, Hotel and Meals. Meeting date June 14, 2004.

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$481

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Michigan Electrical Employees' Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6011 W. St. Joseph Suite 401

City

State ZIP Code + 4 49817

14.a. Nature of payment.

Health Plan reimbursement for meeting expenses such as Mileage, Hotel and Meals. Meeting date September 14, 2004.

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$456

Name of Person Filing Gerald Smith

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Michigan Electrical Employees' Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6011 W. St. Joseph Suite 401

City Lansing

State Michigan

ZIP Code + 4 48917

14.a. Nature of payment.

Health Plan reimbursement for meeting expenses such as Mileage, Hotel and Meals. Meeting date December 9, 2004.

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$433

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.